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PTO/SB/21 (01-08)

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number

10/068,243

Filing Date

2/06/2002

First Named Inventor

Spiess, Bryan

Art Unit

3726

Examiner Name

Jimenez, Marc Q

Attorney Docket Number

### ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/  
Incomplete Application

☐

Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a  
Provisional Application

☒

Power of Attorney, Revocation  
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

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Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board  
of Appeals and Interferences

☐

Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify  
below):

Return Receipt Postcard

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Signature

Printed name

Mi Kim

Date

1/22/08

Reg. No.

44,830

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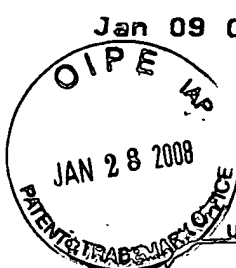
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Date

1/22/08

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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY  
 and  
 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

Application Number	10/058,243
Filing Date	2/03/2002
First Named Inventor	Spies, Bryan
Title	Conveyor Roller
Art Unit	3728
Examiner Name	Jimenez, Marc Quemuel
Attorney Contact Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
MI KM	44,830

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	MI KM		
Address	12517 Stoney Creek Dr.		
City	Pearland	State	TX Zip 77584
Country	USA		
Telephone	713 436 8371	Email	mtddmk123@yahoo.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Bryan Spies</i>	Date	1-09-08
Name	Bryan Spies	Telephone	(763) 213-1304
Title and Company	Owner Advanced Aircraft Roller Systems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/088,243
Filing Date	2/08/2002
First Named Inventor	Spiess, Bryan
Title	Conveyor Roller
Art Unit	3726
Examiner Name	Jimenez, Marc Quemuel
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
WJ Kim	44,830

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Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	WJ Kim				
Address	12517 Stoney Creek Dr.				
City	Pearland	State	TX	Zip	77584
Country	USA				
Telephone	713 436 8371	Email	mtdunk123@yahoo.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	1/9/08
Name	John Daffum	Telephone	763-323-4639
Title and Company	Co-Owner - Advanced Aircraft Roller Systems Inc		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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